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Inaugural Essay

on

Hemorrhoids.

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The disease which I have chosen as the subject of my Inaugural Thesis, is "Hemorrhoids". The term literally signifies "a flow of blood" but in Medi-cal language is limited in its import to a sanguineous discharge, occurring more or less frequently from the lower part of the Rectum, or to tumours formed beneath the mucus membrane in the immediate vicinity of the anus.

These appearances are generally preceded by a sense of fulness, heat, itching & pain about the lower end of the intestine - caused by an increased flow of blood toward the parts or by pressure on the veins preventing its reflux. The afflux

is sometimes considerable & connected with a febrile state of the system at large; we then find pain in the head back & limbs parched mouth, tenderness of the abdomen with other symptoms of an excited circulation. The inflamation of the mucous membrane is occasionally so great as to cause a serous effusion from the anus, to which the French surgeons have appropriated the name "Hemorrhoides Blanches". This does not constitute a species of the disease but is similar in character to the thin acrid discharges that are thrown out often by the lining membrane of the Bronchia in cases of inflamation of that tissue=

At this time efforts at stool are productive of excruciating pain unless relieved by a flow of blood which

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they sometimes induce from the part. This bleeding which is one of the termin=ations of the acute stage is denominated "Open piles"= It may continue for several days & may recur at regular periods for months or years.

Open Piles are attended with much less pain than the other species. but when the discharge becomes habit=ual it cannot be suppressed without the supervention of those alarming and serious symptoms which attend the obstruction of long standing discharges generally-

Where the feeling of fulness and tension about the anus that denotes the inception of the disease, is slight, it often disappears in a few days,- a cure having been effected by resolu=

tion. But frequently when the turgescence of the part has continued for some time, tumours appear, constituting the second species of the disease & entitled "Blind Piles". These consist, in the first place of an effusion of blood between the mucous & muscular coats of the rectum, ~~of the~~ At times they become surrounded by a cyst formed by adhesive inflamation & by accretion of the surrounding cellular substance. The tumours are at first round, shining & of a dark purple colour,- the pain is sometimes acute & sometimes obtuse- If by proper treatment the inflamation is removed, the effused blood is entirely absorbed & the distended skin appears loose and pendulous;- but if the irritation remain coagulable lymph is thrown out, & the

tumours become organised & fleshy.

These tumours through all their stages find a parallel in the swellings & excrescences that so frequently attend & follow inflamation of the tunica conjunctiva of the eye.

Internal piles are of the same nature precisely, though less painful owing to their being surrounded by soft & yeilding substances. When their number or extent, is great, they form a barrier to the excretion of feces & are productive of considerable inconvenience. They are in some instances protruded by efforts at stool, & if grasped by the sphincter ani muscle become exceedingly painful. The violence of the symptoms sometimes increase to such a degree as to

resemble those which accompany strangulated Hernia. The strangulation is occasionally sufficiently complete to destroy the vitality of the tumour & cause it to mortify & slough off, thus effecting a natural cure.

Mr Abernethy remarks that the eversion is not always dependent on this mechanical cause but that it often arises from an "irritable and striving action of the bowel, which produces a kind of intussusception. Thus plaits of the bowel often descend during the expulsion of fæces" & give rise to considerable & long continued pain. The patient will be at a loss to account for the cause, but if the surgeon introduce his finger the intussusception will be evident to him

& on replacing the bowel in its proper situation, the symptoms will disappear & occur again only at the next effort at stool. If the bowel remain long without being replaced, it may become adapted to its unnatural situation, thickened, hardened & form a permanent tumour, which, if it at any time, become inflamed & swelled, will have the effect of drawing down more of the intestine & increasing the disease. The tumours thus formed should be treated in every respect as if they arose from the common causes of Hemorrhoids.

Although the Hemorrhoidal disease pervades every class of men & every climate and is always painful & disagreeable & often seriously so,

its pathology has been investigated by but few writers. Almost all who have spoken of it, suppose it to depend on a varicose enlargement of the Hæmorrhoidal veins. Cullen was the first to suggest the true history of the complaint, & since his day a few French surgeons are almost the only members of the profession, who have devoted much attention to the subject.

Montagné has written a very full, highly interesting & able account of the disease & to him & a paper read before the Philadelphia Medical Society by my present preceptor Dr Harris, I am chiefly indebted for my ideas on this subject.

Repeated & careful dissections have rendered the views which I

here exposure, almost indubitable. Varicose veins may be situated on the verge of the anus, but should not be confounded with the Hemorrhoidal disease properly so called.

The itching, the heat, the pain & all the other concomitants of the disease indicate an increased flow of blood towards the rectum. The causes furnish collateral evidence of the same state of things

It may be brought on by habitual constipation, efforts to discharge hardened feces, foreign bodies in the rectum, as suppositories or worms, frequent use of warm injections, suppression of habitual discharges, abuse of drastic purges, heating aliment or drinks, pregnancy of the gravid uterus

on the veins leading from the pelvic viscera, inequalities of temperature particularly when caused by sitting on damp & cold seats.

Inhabitants of large cities indulge more freely in the luxuries that give rise to the exciting causes & are therefore more frequently attacked by this disorder than those who reside in the country. No age or temperaments is exempt from the disease though those of middle life & of bilious or sanguine temperament are most obnoxious to it. It is sometimes hereditary & then appears at an early period of life; even children have suffered while very young, but this is of rare occurence. Pregnant women are troubled with this affection, more

frequently, probably than any other class of persons, owing to both the pressure of the uterus on the rectum & to the habitual constipation, to which they are liable. After delivery the piles generally become reduced in size & flabby, another reasonable foundation for the inference that they are not varicose veins; for one of the natural cures of this last affection arises from pressure of the uterus on the veins causing coalescence of its sides - coagulation of the blood & an obliteration of the diseased vessel.

The theory of their being varicose enlargements is favoured by constipation as one of the causes, but when we reflect that they arise as often from purging & irritation of

any kind as from impacted feces, we are more disposed to credit other views of the case.

A stream of blood follows a lancet puncture of varicose veins & we would expect it to be certainly large in Hemorrhoidal vessels which are known to have no valves, but these tumours when cut into are found in a large majority of cases, to be either fleshy excrescences or a mere cyst containing a clot of blood.

On post mortem examination of patients who have suffered under open piles, rupture is as infrequently found as in the stomach & lungs of those who have suffered from Hematemesis or from Hæmoptysis. If rupture does usually take place, we

might expect to find the mucus membrane of the rectum, in persons where the hemorrhage has occurred frequently a tissue of cicatrices - whereas no such appearance is met with.

We observe that the blood that is discharged in open piles is often preceded by mucus or mixed with it, or on other occasions is emitted pure. These, with other phenomena render it reasonable to attribute this hemorrhage, to the same state of the secreting vessels, that exists in bleedings from other parts of the mucus membrane. In disease, as in every other case, nature is remarkable for the simplicity of her laws, we would therefore go far wide of our mark if we were to seek different causes for diseases

that

that are so closely analogous.

If open piles are to be accounted for in this way, we will find no difficulty in looking on blind piles as an effusion through the minute vessels of the cellular membrane, or in other words as a species of Patechia action in its nature, the blood becoming surrounded by a cyst.

Treatment= When the rectum is everted or the internal Hemorrhoidal tumours are protruded, they should be replaced by a previously oiled finger. The patient may be taught to do this, whenever necessary, himself. In this & every other variety of piles, his diet should be regulated & his bowels kept open by some mild aperient, & there is nothing better

for the purpose through every stage of the Hemorrhoidal disease, than the oleaginous mixture - Under this treatment, patients generally suffer so little inconvenience, that the necessity for an operation is averted.

Piles arise so often from a depraved state of the alimentary canal, that when we undertake a cure, the attention, should always be directed to that quarter & its irregularity, if possible, corrected, for it is out of our power to overcome the disease without having conquered the more influential affection.

General bleeding is oftentimes requisite & the necessity of regulating the diet, should be borne constantly in mind. - If the pain or turgescence

of the diseased part be great, or continue long, it will be incumbent on us to enforce a horizontal position & resort to bleeding by leeches, from the parts in the neighbourhood of the anus, topical depletion, in this, as in nearly all other cases of topical ~~deflammations~~ inflammations, will be found to almost immediately palliate symptoms. This may be followed by frequently bathing the parts with a a warm solution of the acetate of lead or opium or other soothing lotions. Cold applications to the seat ~~xxxx xxxx~~ of the disease, to the lower part of the abdomen, to the perineum or to the thighs, are also very efficient. One of the best topical applications as a palliative is stramonium made into the consistence of

a liniment by an addition of the liquor of the sub acetate of lead or Goulard's extract. Opium with simple cerate or with cerate of the acetate of lead is also to be prized as a mean of allevia= ting pain. If the tumour be large & recent, the coagulum of blood may be evacuated by a puncture with a lancet.

Balsam Copaiva is supposed to re= move inflamation from mucus membranes & is therefore recommended by many in Hemorrhoides Blanches & even in other forms of the disease.

Open Piles, as I have before, re= marked are much less painful than the other forms, & where the discharge is moderate, all that is requisite is to avoid excess of exercise & pay proper attention to the diet. If the patient is

plethoric in his habit, he must be bled & a recurrence of this state avoided by a moderate degree of exercise & the course of treatment usually pursued under these circumstances. But if the flux be excessive, & this is to be determined rather by its effects on the system, than by the quantity, the patient should be confined to a horizontal position, on a matrass in a cool room, — he should be rigorously abstinent in his diet & make use of cooling acidulated drinks; cold astringent solutions should be thrown into the rectum or the powder of burnt cork or flour may be blown on the bleeding surface, they act by choking the orifices of the effusing vessels. If these fail to arrest the hemorrhage, introduce the sponge tent, or charpie coated with

the white of eggs if they produce so much irritation that they cannot be retained, we must have recourse to some caustic – the French surgeons recommend the actual cautery – if every thing else fail, this as a dernier resort may be used.

Where from an entire suppression of a habitual flux alarming symptoms ensue, we should if they cannot be overcome by a remedy less disagreable, induce a return of the bleeding by leeches, or by making use of some of those applications which we mentioned among the exciting causes, such as irritating suppositories, warm & stimulating injections drastic purges &c.

If a surgeon is called on to relieve a patient suffering with "blind piles" &

finds that from inflamation or ulceration, they keep up an irritable action - or that they oppose the expulsion of feces, to such a degree as to cause a protrusion of the intestines - or that they give rise to considerable inconvenience of any kind, he should operate.

For this purpose caustic, the actual cautery, the ligature & excision have been used.

Caustics are slow in effecting a cure & irritating and extend their action beyond the point to which applied; they have therefore been entirely thrown aside.

The use of the actual cautery has been almost limited to the ancient surgeons - It is so exceedingly painful, gives rise to such severe & unmanage

-able symptoms & is withal so formidable to the patient that it is now entirely re-nounced as one of the means of operating & is used at present only to restrain excessive bleeding.

The first of the two means of operating that remain to be spoken of, has received high commendation, particularly from some of the surgeons of our own country, than whom there is no better authority. It is often successful & never causes hemorrhage, & the advantage which it possesses under any circumstances, is that it is, of all means of operating, least alarming to a timid patient. On the other hand may be urged that it always occasions severe pain & that it is often imprudent to tie all the tumours at the same time &

the irritation of the first ligature increases & aggravates the tumefaction & pain of those left. Tetanus has been known to follow. Even several cases of death, the effect of this operation, have been recorded. These effects are not astonishing, when we reflect that a part of the intestine, especially in internal piles, is really strangulated; and the worst consequences of strangulation, Mr Lawrence in his excellent work on ruptures, informs us, do not arise from the mechanical obstruction of the bowel, but from the inflamatory affection of the intestine caused by the strangulation. For these & other reasons Boyer, Sabatier, Dupuytren, Petit, Cooper & many other of the most eminent European surgeons have rejected the ligature & adopted the operation of excision as the safest, most

prompt, most effectual & least painful method.

Previously to operating, restore to a healthy state the digestive organs. Let the patient endeavour without straining, to acquire a habit of daily evacuating the bowels, & we should empty them immediately before the operation by such medicine as will not cause a continuance of irritation & purging.

The tumour should be protruded as far as possible by the efforts of the patient, & these can be greatly facilitated by directing him to sit over a tub of hot water. Wash them perfectly clean with tepid water, seize the pile with a pair of forceps or what is far better, a pair of double hooks of proper size & when drawn tense perpendicularly from

the bowel, remove it with a bistoury=
Scissors are used by many surgeons
& may often answer the purpose, but there
is far less precision in their stroke than
in that of a knife. The incision in the
instance of both the pile & the thickened
plait of the bowel, should be longitu=
dinal. If there be a transverse fold, take
away two eliptical portions in the long
axis of the rectum. Such nearly are the
precepts of Mr Abernethy.

After the operation replace the bow=
el above the grasp of the sphincter. This
precaution is to be particularly attended
to, that we may prevent irritation. There
will be generally no impropriety in allow=
ing the wounds to bleed as long after the
operation as there is a tendency to do so.
After this place the patient on a hard

bed in a cool place & direct that the anus be occasionally bathed with cold water, for if he be placed in a warm bed immoderate hemorrhage will be apt to supervene, & the blood effused into the rectum acting as a stimulant, must necessarily be evacuated per anum, in this act the wounded parts are again protruded & injured. If the proper treatment be pursued, little or no danger attends the operation & in the course of an hour or two the patient feels free from all uneasiness. Hemorrhage may occur notwithstanding our precautions & is then to be controlled as mentioned when speaking of open piles.

It is a very necessary point of attention to keep the parts undisturbed as long as possible after the operation. The patient should therefore be restricted in his

diet & use those articles only which afford, after the process of digestion, the least residue. If the cathartic which was given before the operation should threaten to act after it, an opiate will generally obviate its effects. In this way an evacuation may be averted for five or six days. Mr Abernethy states that under these circumstances the bowels may remain dormant ten days. During this period the wound generally heals & the evacuations which follow are unattended by hemorrhage or descent of the intestine But if from any cause sensations irresistably requiring alvine evacuations for their relief, arise, it is advisable to order a dose of Castor oil & an injection of tepid water to break down & dissolve the hardened feces. After

this dis-charge, wash clean & replace any part of the bowels which may have been everted, & check the purging by giving a small dose of laudanum.

The operation is always beneficial, but a permanent exemption is to be secured only by removing the remote cause of the disease.